

The SPEAKER pro tempore. The gentleman's notice will appear in the RECORD at this point.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

MEDICARE PRESCRIPTION DRUG CONFERENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Madam Speaker, as we return from the August recess, we face the great challenge of passing a Medicare bill that will provide a good prescription drug benefit for seniors. Republicans in the House passed a bill in July, or June, earlier this year that caters to drug companies, HMOs, and that destroys Medicare. This is obvious for many reasons evident in the detail of the bill. However, I want to highlight two ways in which Republicans are killing the Medicare program and in the process contributing to the endless suffering and hardship of seniors nationwide.

Madam Speaker, the Republican bill turns Medicare into a voucher program. This means that traditional Medicare will essentially be phased out by the year 2010. Seniors will find it difficult to stay in traditional Medicare because it will cost them more. They will only be able to afford the private insurance that is available with the voucher given to them by the Federal Government. By making Medicare a voucher program, seniors would be forced into private plans, the same companies that have said in the past that they do not want to cover seniors and have pitiful records of providing them care. Medicare HMOs have not been effective in providing health coverage to the more than 2 million seniors who have seen their coverage disappear over the past 5 years. In my State alone, in New Jersey, Medicare HMOs dropped almost 80,000 seniors from coverage after concluding that Medicare beneficiaries were not profitable.

Madam Speaker, when Republicans are pushing seniors into private insurance plans that offer no stability or security, they are at the same time taking away the seniors' rights to choose and enroll in a dependable drug plan under the Medicare program. Under the Republican bill, a prescription drug benefit is essentially available only if they join an HMO, and Democrats, to the contrary, believe that a prescription-sponsored drug plan should be available to all seniors including those enrolled in traditional Medicare.

Madam Speaker, the Medicare bill should offer a benefit to all seniors all across the country regardless of how

many private drug-only insurance plans or Medicare HMOs are available in any particular area. All seniors should pay the same premium, the same deductible, the same coinsurance, and would have the same benefit.

Democrats plan to offer a series of motions to instruct conferees that would ensure that the Medicare bill does not privatize Medicare and that it offers a guaranteed fallback prescription drug plan for all those in traditional Medicare.

Madam Speaker, there are many provisions in the Republican bill that passed the House that are highly problematic. For example, the bill does nothing to reduce the cost of prescription drugs and forbids the Secretary from negotiating reduced costs of prescription. The Republican bill provides an inadequate benefit that should be called "pay more, get less." And, lastly, the Republican bill encourages erosion of employer-sponsored coverage.

Overwhelmingly, Madam Speaker, America's seniors want and deserve a guaranteed comprehensive and affordable prescription drug benefit that is part of basic Medicare. A meaningful Medicare drug benefit must be voluntary. It must be guaranteed for all. It must be funded adequately to attract widespread participation, and it must contain an effective mechanism to lower the costs of drugs. It must hold together the bargaining power of 40 million seniors, and it must contain a framework that could be expanded in future years. The House Republican plan does nothing to meet these tests, and it is now more important than ever to encourage our conferees of the House and the Senate to include measures that guarantee a Medicare fallback and that guarantee that Medicare will not be privatized.

CONGRATULATIONS TO IRA CLARK

The SPEAKER pro tempore (Mr. CARTER). Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I am pleased to take this opportunity to extend my congratulations to Ira Clark, the former president and chief executive officer of the Public Health Trust of Dade County. And why? Because he is retiring from this prestigious post.

The Public Health Trust of Dade County, Florida is the governing body of Jackson Memorial Hospital, one of the largest and busiest hospitals in the United States. Jackson Memorial Hospital has a major teaching affiliation with the University of Miami School of Medicine. In addition, it has a long history as the major Medicaid provider in the State of Florida.

Under Ira's leadership, Jackson Memorial has maintained its stature as one of the top hospitals in the country. As president and CEO of the hospital, Ira Clark has been concerned with the

County, with the State and Federal programs, as well as funding for the hospital and its satellite facilities. Ira's stewardship of Jackson Memorial Hospital is testament to his understanding of our community and its health care needs. Through internal and external collaboration, he has brought about operational improvements that have strengthened the hospital and has initiated multiple expansion projects to help the hospital better serve the people of our South Florida community.

Ira has dedicated many years to assuring that quality health care is available for every South Florida resident through primary care networks. Because the mission of the Public Health Trust is so extensive, Ira determined that it should evolve as a system rather than as a single-locator health provider. So Jackson Health System now includes a hospital which was renamed Jackson South Community Hospital, a network of primary care centers located in medically underserved neighborhoods, school-based clinics, and long-term facilities, providing residents that appropriate care in their very own neighborhoods. Jackson has a tremendous team of health care professionals, nurses such as Debra Diaz O'Reilly, who is the Chair of the Committee on Political Education and is up here in Washington, D.C. this very week lobbying on behalf of the Service Employees International Union of the AFL-CIO, which services the residents and the patients of Jackson Hospital. And upon arriving at Jackson in 1987, Ira delineated several central goals to strengthen the hospital's position as all things to all people.

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His first goal was to find a predictable source of recurring financing that would maintain Jackson's quality and mission. He was able to secure the necessary funds from a half penny sales tax. In addition, the Public Health Trust sold more than \$150 million in revenue bonds in the spring of 1994, which brought in much-needed capital to expand and remodel Jackson and its satellite facilities.

The money from the half penny tax gave the institution stability and allowed for Ira to realize his second goal of decompression. Decompression has been realized through the establishment of the Jackson North Maternity Center; the Taylor Breast Health Center, which provides complete care for cancer detection and positive management of all breast-related problems; the Diagnostic Treatment Center, which provides residents with access to diagnostic procedures such as outpatient surgery, mammography, ultrasound diagnostics and endoscopic and fluoroscopic tests in a setting closer to home, as well as the Ryder Treatment Center.

The Ryder Treatment Center is the largest, most comprehensive trauma